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App. for use through 09/30/00. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	124-00100	Total Pages	22
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Named Inventor or Application Identifier			
		HENRIK JAKOBSEN			
APPLICATION ELEMENTS		Express Mail Label No. EL661112713US			
See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)			
2. <input checked="" type="checkbox"/> Specification [Total Pages 10] (preferred arrangement set forth below)		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
- Descriptive title of the Invention		a. <input type="checkbox"/> Computer Readable Copy			
- Cross References to Related Applications		b. <input type="checkbox"/> Paper Copy (identical to computer copy)			
- Statement Regarding Fed sponsored R & D		c. <input type="checkbox"/> Statement verifying identify of above copies			
- Reference to Microfiche Appendix		ACCOMPANYING APPLICATION PARTS			
- Background of the Invention		8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
- Brief Summary of the Invention		9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)			
- Brief Description of the Drawings (if filed)		10. <input type="checkbox"/> English Translation Document (if applicable)			
- Detailed Description		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
- Claim(s)		12. <input checked="" type="checkbox"/> Preliminary Amendment			
- Abstract of the Disclosure		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 2] 3		14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior Statement(s) application, Status still proper and desired			
4. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy)		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)			
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]		16. <input checked="" type="checkbox"/> Other: <u>Certificate of Express Mail</u> ..... .....			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).					
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked). The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.					
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: /					
18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		Insert Customer No. or Attach bar code label here		or <input checked="" type="checkbox"/> Correspondence address below.	
NAME	ANDREW S. McCONNELL (Reg. No. 32,272)				
	ANDRUS, SCEALES, STARKE & SAWALL, LLP				
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CERTIFICATE OF EXPRESS MAIL

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Dawn M. Oleszak

Name

November 13, 2000

Date

Dawn M. Oleszak

Signature

11-13-00

Date

PTO/SB/17 (10/97)  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FEE TRANSMITTAL</div>		COMPLETE IF KNOWN																																																																																																																									
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1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number <span style="border: 1px solid black; padding: 2px 20px;">01.2000</span>  Deposit Account Name <span style="border: 1px solid black; padding: 2px 50px;">ANDRUS, SCEALES, STARKE &amp; SAWALL</span>  <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee set in 37 CFR 1.18 at the Mailing Of the Notice of Allowance, 37 CFR 1.311(b)		2. <b>Additional Fees</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th></th> <th></th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105 130</td><td>205 65</td><td>Surcharge-late filing fee or oath</td><td></td></tr> 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